

PAID BY
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U. S. \_\_\_\_\_  
 (Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
 (Give place and date)

THE UNITED STATES, Dr., Payee's Account No. \_\_\_\_\_

To Baird-Atomic, Inc. \_\_\_\_\_  
 (Payee)  
 Cambridge 38, Mass. \_\_\_\_\_  
 (Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms Invoice No.	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
						578	76
						(62)	95)
Use continuation sheet(s) if necessary							
Shipped from _____ to _____ Weight _____ Government B/L No. _____						Total	\$515 81

PAYMENT:  
 Complete   
 Partial   
 Final

I certify that the above bill is correct and just and that payment has not been received.  
 (Sign original only)

Date \_\_\_\_\_ \*Payee \_\_\_\_\_  
 (This certificate not required when a like certificate is made by payee on attached bill or bills)

Per \_\_\_\_\_ Title \_\_\_\_\_  
 Amount verified; correct for \$ 515. 81  
 (Signature or initials)

Contract No. NY-3-5111G Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd. STATINTL

Pursuant to authority vested in me, I certify that this account is correct and proper for payment

† Approved for \$ \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_  
 (Contracting Officer)

Title \_\_\_\_\_ Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM STATINTL

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ } on Treasurer of the United States in favor of payee named above.  
 { Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_. Payee \_\_\_\_\_ }  
 (Sign original only)

